



Town of Mashpee Employment Application

Human Resources

16 Great Neck Road North, Mashpee MA 02649

Phone: 508-539-1409 Fax: 508-539-1142

www.mashpeema.gov

An Equal Opportunity/Affirmative Action Employer

The Town of Mashpee is an equal opportunity employer and will consider all applicants for all positions without regard to race, color, religion, national origin, age, marital status, sex, sexual orientation, veteran status, disability, and any other legally protected status.

PERSONAL DATA

Date: _____

Name: _____
Last Middle First

Email Address _____ Home Phone: _____

Cell Phone: _____

Address: _____
Number Street City State Zip

Mailing Address: _____
(if different)

Position Applying For: _____ Date Available: _____

Are you seeking: Full Time _____ Part Time _____ Temporary _____ employment?

Are you currently employed? Yes___ No___ If yes, may we contact your employer? Yes___ No___

How did you hear about this position?

Newspaper or Online Ad _____ Employee Referral _____
Agency _____ School _____ Other _____

Have you ever worked for the Town of Mashpee?

Yes _____ No _____ When? _____ Department? _____

Have you applied for a position with the Town before? Yes _____ No _____ When? _____

Can you provide proof of U.S. citizenship or eligibility to work in the U.S.? Yes _____ No _____

Federal law requires all employees to complete INS form I-9 & proof of legal authorization to work in the U.S.

Are you under age 18? Yes _____ No _____ If under 18, what is your age? _____

Prior U.S. Military Service: Yes _____ No _____

Dates of Duty (from/to) _____ Discharge _____

EMPLOYMENT HISTORY:

Starting with the most recent position, list the **last 5 employers or at least 10 years work experience**. You may include work performed on a volunteer basis or job-related military service.

Complete this section in its entirety and attach your resume and pertinent data. Exclude all information indicative of age, sex, sexual orientation, race, religion, color, national origin, disability or handicap.

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving
Description of Primary duties:	

Employer	Address
Telephone	Title
Supervisor	Dates Worked
Salary Received	Reason for Leaving
Description of Primary duties:	

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Salary Received	Reason for Leaving
Description of Primary duties:	

EDUCATION			
School	Name, Address, City, State	Years Attended	Degree
High School			
College			
Graduate School			
Trade Business			
Night Courses			
Military Service			
Other Training			

LICENSES *(Please list all licenses you possess that are relevant to the position you seek).* A valid license is a condition of employment, where required.

Do you have a valid driver's license (Class D Auto)? ☐ Yes ___ ☐ No ___ If yes, enter expiration date _____

Do you have a valid CDL license (Class A or B)? ☐ Yes ___ ☐ No ___ If yes, enter expiration date _____

Do you have a valid Hydraulic license? ☐ Yes ___ ☐ No ___ If yes, enter expiration date _____

What other valid licenses or certifications do you possess (job related)? _____

OFFICE SKILLS <i>(If applicable).</i>	Check the column that you feel best describes your knowledge:		
	Beginner	Intermediate Level	Advanced Level
Knowledge of Word Processing			
Knowledge of Spreadsheets			
Knowledge of Databases			
Automated Accounting System Knowledge			
Knowledge of Bookkeeping			

REFERENCES: Please provide the names of at least 3 persons not related to you, whom you have known at least one year, and who can attest to your credentials/accomplishments.

Name, Job Title & Company	Address	Phone Number	Nature of Relationship
1			
2			
3			

Medical Information. All offers of employment are conditional upon the satisfactory completion of a physical examination, where required. Satisfactory fitness to perform the essential duties of the position is a condition of employment.

Pre-Employment Drug Testing. All offers of employment are conditional upon the satisfactory completion of a pre-employment drug test, where required. Satisfactory completion of a required drug and/or alcohol test is a condition of employment as outlined in the Drug and Alcohol Testing Policy of the Town of Mashpee.

CRIMINAL HISTORY:

- A. The Town of Mashpee requires a Criminal Offense Record Inquiry (CORI check) on all prospective employees.
- B. A conviction will not necessarily bar you from employment with the Town of Mashpee.

IMPORTANT: TO BE READ BY ALL APPLICANTS

Applicable laws shall apply to this application for employment as well as certain conditions of employment.

I HEREBY CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION (INCLUDING RESUME AND SUPPORTING DOCUMENTATION) ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, FALSIFIED STATEMENTS, MISREPRESENTATIONS, OR OMISSIONS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL OR INELIGIBILITY FOR EMPLOYMENT.

I understand that an offer of employment or continued employment may be made contingent upon passing a physical examination and/or drug/alcohol screen.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I understand and acknowledge that, unless otherwise defined by applicable law or by an employment agreement or collective bargaining agreement, any employment relationship is of an “at will” nature, for no definite term, which means that employment may be terminated, with or without cause, and with or without notice, at any time, at the option of either the employer or the employee. I understand that in the event of employment, I am required to abide by all rules and regulations of my employer.

I further understand and acknowledge that this Application does not constitute a contract of employment, nor does it constitute a promise or assurance of employment. This status can only be modified by a written document setting forth such modification, signed by both me and an authorized representative of my employer.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period, or wishing to be considered for a position other than the one specified on page 1 of this form, should inquire as to whether or not applications are being accepted for the position of interest at that time.

I understand that, as a condition of employment, a background check may be required, depending upon the position for which I am applying in accordance with applicable laws. This background check may include my driving record, and/or authorization or certification of various licenses or permits as required.

I acknowledge that I have read this application for employment, requirements, and authorization, fully understand its contents and voluntarily agree to its provisions. I further acknowledge that I am expected to abide by all rules, regulations, policies, written or unwritten, but that such rules, regulations and policies do not create a contract between me and my employer or otherwise restrict the right of either party to terminate the employment relationship.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY OTHER PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING INFORMATION TO MY EMPLOYER.

Date

Printed Name

Signature of Applicant